

OHIO CIVIL RIGHTS COMMISSION  
CHARGE OF DISCRIMINATION  
EMPLOYMENT

## Agency Use Only

- ☐ FEPA  
☐ EEOC

CHARGE NUMBER: (Agency Use Only)

SNIS  
CLEB4(48710)10893014

Completely Fill in the Following

Camille Wilson

Name of Charging Party (First Middle Last)

16327 Delrey Avenue

Address

Cleveland Ohio 44128 Cuyahoga  
City State Zip Code County

216-965-5570

Telephone Number

April 17, 2014 through October 17, 2014

Date(s) of Discrimination

University Hospital

Name of Company

11100 Euclid Avenue

Address

Cleveland Ohio 44106 Cuyahoga  
City State Zip Code County

216-844-1000

Telephone Number

15+

Total Number of Employees

December 2009

Date of Hire

I believe I was discriminated against because of my: (Please identify)

- ☒ Race/Color African American  
☐ Sex \_\_\_\_\_  
☒ Disability perceived  
☐ Military Status \_\_\_\_\_  
☐ Age (Over 40 years old only - List Date of Birth) \_\_\_\_\_

- ☐ Religion \_\_\_\_\_  
☐ National Origin/Ancestry \_\_\_\_\_  
☒ Retaliation internal complaints of discrimination and harassment

FOR AGE CASES ONLY: I have not commenced any action under sections 4112.14 or 4112.02(N), Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

## Type of Discrimination:

- ☐ Demotion ☐ Discharge/Termination ☐ Discipline  
☐ Failure to Hire ☐ Forced to Resign ☒ Harassment/Sexual Harassment  
☐ Layoff ☐ Promotion ☐ Reasonable Accommodation  
☐ Other (Specify) \_\_\_\_\_

Please write a brief but detailed statement of the facts that you believe indicate an unlawful discriminatory practice. Please write legibly.

I. I am African American and have been perceived as having a disability. I have been employed by the above named Respondent since December 2009, most recently in the position of Operations Assistant. Since April 17, 2014 and continuing, I have been subjected to harassment and retaliation.

II. On October 17, 2014, management forced me to undergo a mental health exam.

III. I believe I have been unlawfully discriminated against based on my race, perceived disability and retaliation for the following reasons:

A. Since April 17, 2014 and continuing, I have made complaints to various members of management and Human Resources regarding the racial harassment and intimidation I have had to endure by my co-worker, Clinical Instructor, Nancy Johnson (Caucasian, non-disabled, no known protected activity). Some of the harassment and intimidation has included Ms. Johnson following me around the workplace, closing the door while I'm in the closet, getting in my face to verbally attack me, and referring to me as a "black bitch."

B. I have reported the racial harassment and intimidation to my supervisor, Kathleen Deakins (Caucasian, non-disabled, no known protected activity) and Ms. Deakins has witnessed Ms. Johnson's behavior, yet Ms. Deakins has done nothing to alleviate the situation.

C. I also complained to the Vice President of Human Resources, Julie Chester (Caucasian, non-disabled, no known protected activity) who has refused to take any action regarding my complaints against Ms. Johnson. I also attempted to complain to Thomas Zenty, Elliot Kellman, Tom Snowberger, and Donnie Perkins, all of whom work in Executive Administration, about Ms. Johnson's racial harassment and intimidation and how Ms. Deakins and Ms. Chester have refused to take my complaints seriously.

D. On October 16, 2014, HR Manager, Kelly Skonieczny and Ms. Chester informed me that if I did not submit to a mental health examination, I would be considered insubordinate and I was forced to leave the premises.

E. On October 17, 2014, I took the mental health examination and I was allowed to return to work on October 23, 2014.

F. I believe I was subjected to the mental health examination in retaliation for my complaints of racial harassment and intimidation.

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency(ies) if I change my address or telephone number and that I will cooperate fully with them in the processing of my charge in accordance to their procedures.

Camille Wilson  
Charging Party Signature

10-27-14  
Date

Notary or Ohio Civil Rights Commission Representative

OCT 29 2014  
Subscribed and sworn to before me on this 29 day of OCT 2014

OCRC-INTAKE  
CLEVELAND

Notary or Commission Representative

EXHIBIT

2